

# Report of Medical Officer of Health.

## WIMBORNE AND CRANBORNE RURAL SANITARY AUTHORITY.—Mr. C. H. WATTS PARKINSON:—

Population 1893,  
estimated 14 500.  
Deaths 192,  
13·3 per 1,000.  
Births 403,  
28 per 1,000.  
Natural increase  
of population, 211

In presenting my Annual Report, I am glad to be able to record a great decrease in the number of deaths and at the same time a low mortality from zymotic disease, notwithstanding epidemics of Scarlatina, Measles and Whooping-cough have been very prevalent throughout the district.

The total number of deaths were 192 (viz. : 94 males and 98 females) being at the low rate of under 13·3 per 1,000 estimated population.

403 births (212 males and 191 females) were registered, being at the rate of nearly 28 per 1,000, the natural increase of population for the year being 211, and 37 children under 1 year died, or 9 out of every 100 born, being below the average.

Although 145 cases of notifiable disease occurred, only 3 deaths were registered, or just over 2 per 1,000, but 4 deaths from Measles, 10 from Whooping Cough, and 2 from Influenza were registered, bringing up the mortality from Infectious Diseases of all kinds to 1·44 per 1,000. Two deaths from Diarrhoea (not zymotic) were also registered. The deaths were 75 less than in 1892, and this decrease is chiefly in the first quarter, for while 109 deaths were registered in the first 3 months of 1892, only 56 were registered in 1893. This shows how fatal the epidemic of Influenza was, and how necessary it is that an infectious disease as fatal almost as an outbreak of Cholera, should be guarded against by every possible Sanitary precaution.

### WIMBORNE RURAL DIVISION.

1893,  
Estimated popula-  
tion 7·710.  
Deaths 95  
12·3 per 1,000.  
Births 200  
26 per 1,000 nearly.  
Natural increase  
of population,  
105.

95 deaths were registered during 1893 (40 males, and 55 females), being at the rate of just over 12·3 per 1,000 estimated population, while 200 births were recorded (103 males and 97 females), being at the rate of 26 per 1,000 nearly. The natural increase of population was 105, and 22 infants died, being 11 in every 100 births. 3 deaths from notifiable diseases, being at the rate of 4 per 1,000 population; there were also 7 deaths from Whooping Cough, 2 Measles, and 1 Influenza, the total mortality from infectious disease being 1·5 per 1,000. Of the deaths 30 occurred in the 1st, 27 in the 2nd, 18 in the 3rd, and 20 in the 4th Quarter.

Two deaths were those of non-residents, and one death occurred in 1892, but was registered in 1893. The large number of 7 deaths from injury were registered; without these the mortality would have been exceptionally small, only just over 11 per 1,000.

Infants, 22 deaths; of these, 1 Membranous Croup, 4 Whooping Cough, 1 Measles, 6 Bronchitis, &c., 3 Convulsions, 4 premature birth, &c. 1—5, 9 deaths, 3 Whooping Cough, 2 Injuries, 2 Convulsions, 2 Bronchitis, &c.

5—60, 27 deaths, 1 Scarlet Fever, 1 Measles, 1 Puerperal Fever, 1 Puerperal Convulsions, 1 Influenza, 1 Injury, 6 Phthisis, 3 Bronchitis, &c., 3 Cancer, 5 Heart and 1 Brain Disease.

Over 60; 37 deaths, 4 Injuries, 5 Cancer, 3 Bronchitis, 10 Heart and 4 Brain Disease.

### CRANBORNE RURAL DIVISION.

Population 1893  
estimated 6·790.  
Deaths 97  
14·1 per 1,000.  
Births 203  
30 per 1,000  
nearly.  
Natural increase of  
population, 106

97 deaths were registered during 1893 (54 males and 43 females), being at the rate of just over 14·1 per 1,000 estimated population, while 203 births (109 males and 94 females) were reported, being at the rate of nearly 30 per 1,000 estimated population. The natural increase of population was 106, and only 15 infants died, being in the very low ratio of 7·5 per 100 births. There were *no deaths from notifiable disease*, and only 24 cases were notified, and the only deaths from infectious diseases were: 4 deaths from Measles, 3 from Whooping Cough, and 1 Influenza, being under 1·2 per 1,000 estimated population.

Infants, 15 deaths, 3 Whooping Cough, 1 Measles, 1 Diarrhoea, 1 Convulsion, 2 Premature birth, &c.

1—5, 10 deaths, 3 Measles, 3 Bronchitis, &c., and 2 Convulsions.

5—60, 26 deaths, 1 Measles, 1 Rheumatic Fever, 1 Injury, 2 Confinement, 8 Phthisis, 2 Cancer, 1 Bronchitis, &c., 1 Convulsions, 4 Heart and 2 Brain disease.

Over 60, 46 deaths, 1 Influenza, 1 Diarrhoea, &c., 3 Peritonitis, 2 Phthisis, 3 Cancer, 5 Bronchitis, &c., 9 Heart and 10 Brain disease.

### NOTIFIABLE DISEASES.

During 1893, 145 cases of Notifiable Disease were reported to me in the district, and of these 121 were in the Wimborne and only 24 in the Cranborne division; 114 of these cases (viz. : 96 in the Wimborne and 18 in the Cranborne division), were cases of Scarlatina, 13 cases of Erysipelas, 6 cases of Diphtheria (5 in the Wimborne and only one in the Cranborne division), 6 cases of Typhoid (4 Wimborne, 2 Cranborne), 3 Puerperal Fever (2 Wimborne, 1 Cranborne), and 1 case of Membranous Croup, and 2 cases of Continued Fever in Wimborne Rural.

*Scarlatina*.—In common with our neighbours we have had a large number of outbreaks of Scarlatina. The cases have been generally very mild, and only one death occurred (at Pilford). These outbreaks of a slight character are most difficult to trace and arrest. The earlier cases are generally unattended by Medical Men, and when a case of perhaps more severe type is notified, on investigation it is found that many children have been ailing and had slight rash, but have not laid up and sometimes even have continued to attend school. In most of the outbreaks the disease has been clearly transmitted by children attending school, and taking the disease home to houses scattered through a large area. In cases, however, where the first cases of these cases it has been found necessary to close the schools temporarily, and have them disinfected, &c. In cases, however, where the first cases of disease are notified, and it can be traced to importation from outside, it is certainly better to isolate the affected family alone, and it is in these cases that the benefit of "The Notification Act" comes out most strongly in enabling us to stamp out disease.

The chief outbreak in the Cranborne division occurred at Farnham and neighbourhood, in April and May;—10 cases were reported and it was found communicated by school-children, and the school was closed. A family was attacked at Alderholt in July and another in September. The disease was imported, the cases isolated and confined to the one family attacked.

In the Wimborne division the chief outbreak began at Longham, and spread through the parish of Hampreston, to Colehill, Broomhill, Pilford, Holt, Gaunts and Hinton Martell, and this was clearly among school-children, and it was found advisable to close Hampreston, Holt and Hinton Martell Schools. Another outbreak at Pamphill was also spread by school-children, and was not stayed until the school was closed. Outbreaks at Bradford, Moor Criche, and Sturminster, were isolated and the disease confined to the family first attacked.

*Typhoid*.—6 cases were notified, no death. In 4 cases the disease was clearly imported. In one it probably was contracted from a previous case, but was of a very mild type, not confining the patient to bed. The remaining case at Gussage was complicated with Measles.

*Continued Fever*.—Two cases of mild Continued Fever, not Typhoid, were reported.

*Diphtheria*.—It is satisfactory to find the cases of Diphtheria have decreased; only 6 cases have occurred, 5 in the Wimborne and 1 in the Cranborne district. Moreover, 3 of the cases in the Wimborne district were contracted outside. They were children living just in, but going to school outside, and other children attending those schools also suffered from Diphtheria. Another case was a doubtful one and was probably Scarlatina, and the remaining case was probably also contracted away from the district, as there were no local insanitary conditions to account for it, and the patient had been away on a visit. The only case in the Cranborne district was probably due to defective drainage, &c. I would here raise my protest against the theory lately propounded that Diphtheria is not a filth-disease, and is always due to antecedent disease.







